DOVE HEALTHCARE NURSING/REHABILITATION

1405 TRUAX BOULEVARD

EAU CLAIRE 54703 Phone: (715) 552-1030	)	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/05):	140	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	140	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	130	Average Daily Census:	130

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	% 	Age Groups 	* 	   Less Than 1 Year   1 - 4 Years	46.2 38.5
Developmental Disabilities	0.0	Under 65	5.4	More Than 4 Years	15.4
Mental Illness (Org./Psy)	30.0	65 - 74	9.2		
Mental Illness (Other)	3.1	75 - 84	33.8	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	43.8		
Para-, Quadra-, Hemiplegic	0.8	95 & Over	7.7	Full-Time Equivalent	
Cancer	2.3	į		Nursing Staff per 100 Resid	lents
Fractures	3.1	į	100.0	(12/31/05)	
Cardiovascular	15.4	65 & Over	94.6		
Cerebrovascular	6.9			RNs	12.2
Diabetes	3.1	Gender	%	LPNs	10.4
Respiratory	5.4			Nursing Assistants,	
Other Medical Conditions	30.0	Male	24.6	Aides, & Orderlies	37.1
		Female	75.4		
	100.0				
			100.0		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care		]	Managed Care	l		
Level of Care	No.	જે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	7	10.3	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.4
Skilled Care	26	100.0	244	60	88.2	127	3	100.0	207	28	100.0	172	0	0.0	0	5	100.0	127	122	93.8
Intermediate				1	1.5	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	26	100.0		68	100.0		3	100.0		28	100.0		0	0.0		5	100.0		130	100.0

Page 2 DOVE HEALTHCARE NURSING/REHABILITATION

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/05
Deaths During Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	4.6	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.0	Bathing	0.0		75.4	24.6	130
Other Nursing Homes	1.1	Dressing	7.7		71.5	20.8	130
Acute Care Hospitals	91.1	Transferring	19.2		56.9	23.8	130
Psych. HospMR/DD Facilities	0.0	Toilet Use	11.5		64.6	23.8	130
Rehabilitation Hospitals	0.0	Eating	73.1		16.9	10.0	130
Other Locations	0.0	******	******	*****	* * * * * * * * * * * * * * * * * *	******	******
otal Number of Admissions	349	Continence		%	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.4	Receiving Resp	iratory Care	24.6
Private Home/No Home Health	27.9	Occ/Freq. Incontiner	nt of Bladder	36.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	24.7	Occ/Freq. Incontiner	nt of Bowel	26.2	Receiving Suct	ioning	0.0
Other Nursing Homes	2.6				Receiving Osto	my Care	3.1
Acute Care Hospitals	6.3	Mobility			Receiving Tube	Feeding	5.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.8	Receiving Mech	anically Altered Diets	s 17.7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	24.7	With Pressure Sores		3.8	Have Advance D	irectives	58.5
otal Number of Discharges		With Rashes		0.8	Medications		
(Including Deaths)	348				Receiving Psyc	hoactive Drugs	60.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

****************	**********	******	******	*****	******	******	*****	******	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.9	85.8	1.08	90.1	1.03	88.8	1.05	88.1	1.05
Current Residents from In-County	78.5	81.3	0.97	84.9	0.92	83.2	0.94	77.6	1.01
Admissions from In-County, Still Residing	13.5	16.8	0.80	18.1	0.75	18.7	0.72	18.1	0.74
Admissions/Average Daily Census	268.5	216.2	1.24	188.0	1.43	177.7	1.51	162.3	1.65
Discharges/Average Daily Census	267.7	217.8	1.23	191.1	1.40	179.2	1.49	165.1	1.62
Discharges To Private Residence/Average Daily Census	140.8	100.9	1.39	87.1	1.62	83.4	1.69	74.8	1.88
Residents Receiving Skilled Care	99.2	97.2	1.02	96.6	1.03	96.3	1.03	92.1	1.08
Residents Aged 65 and Older	94.6	91.5	1.03	90.0	1.05	91.3	1.04	88.4	1.07
Title 19 (Medicaid) Funded Residents	52.3	61.7	0.85	62.3	0.84	61.8	0.85	65.3	0.80
Private Pay Funded Residents	21.5	19.4	1.11	20.8	1.04	22.5	0.96	20.2	1.07
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	33.1	28.9	1.15	34.5	0.96	34.8	0.95	32.9	1.01
General Medical Service Residents	30.0	23.7	1.26	22.0	1.36	23.0	1.30	22.8	1.32
Impaired ADL (Mean)	49.2	47.9	1.03	48.8	1.01	48.4	1.02	49.2	1.00
Psychological Problems	60.0	59.1	1.01	59.9	1.00	59.5	1.01	58.5	1.03
Nursing Care Required (Mean)	6.9	7.1	0.98	7.3	0.95	7.2	0.96	7.4	0.93